

**FORM E: FAMILY PLANNING PROGRAM FUNDING REQUEST & PROPOSED
NUMBER OF UNDUPLICATED CLIENTS**

Legal Business Name:

WOMEN'S HEALTH CARE CENTER, INC

Family Planning Program contractors may seek reimbursement for project costs using the following methods:

A. Contractors will be reimbursed using the Fee-For-Service reimbursement method by submitting claims to TMHP for direct clinical care services provided to Clients, which will then be paid by HHSC; and

B. Contractors may seek cost reimbursement for services that enhance the Fee-For-Service services provided to Clients by submitting monthly vouchers for expenses detailed in the categorical budget attached to a contractor's contract.

NOTE: Applicants may request up to 100% of their total funding request to be reimbursed through the Fee-For-Service reimbursement method or Applicants may request a portion of their funding request to be reimbursed on a cost reimbursement basis in addition to the Fee-For-Service reimbursement method. However, the cost reimbursement amount requested may not exceed 50% of Applicant's total proposed funding request and ultimately, its funding award.

Enter the amount of funds requested in the boxes below:

Fee-for-Service Amount	300,000
Cost Reimbursement Amount	0
Total Amount	300,000

The number of Unduplicated Clients an Applicant intends to serve through the Family Planning Program will be used to assess, in part, the Applicant's effectiveness in providing the proposed services under the contract resulting from this open enrollment. This number is the estimated total number of Unduplicated Clients to whom the Applicant will provide services at the proposed clinic sites. This total should be an estimate of the number of Unduplicated Clients the Applicant proposes to serve at the Family Planning Program clinic sites included in its application. Use the following average cost per Client OR submit an explanation of the average used by the agency: **\$285.00.**

Enter the estimated number of Unduplicated Clients to be served during the term of the contract, categorized by State Fiscal Year in the table below.

Period of Time	Proposed Number of Unduplicated Clients
July 1, 2016 – August 31, 2016 -- FY'16	100
September 1, 2016 – August 31, 2017 -- FY'17	952
Total Number	1052

Applicants must provide an explanation/justification if the average cost per Client exceeds the statewide average of \$285.